FORM PTO-20 (REV 10-94) U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

# TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371

ATTORNEY'S DOCKET NUMBER

10873.1765USWO

U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)
Unknown

INTERNATIONAL APPLICATION NO.

INTERNATIONAL FILING DATE

PRIORITY DATE CLAIMED

PCT/JP2004/018019

3 December 2004

4 December 2003

TITLE OF INVENTION

METHOD OF MEASURING HEMATOCRIT (Hct), SENSOR USED IN THE METHOD, AND MEASURING DEVICE

APPLICANT(S) FOR DO/EO/US

FUJIWARA, et al.

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

- 1. [X] This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
- 2. [ ] This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.
- 3. [X] This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(l).
- 4. •[ ] A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.
- 5. [X] A copy of the International Application as filed (35 U.S.C. 371(c)(2))
  - a. [X] is transmitted herewith (required only if not transmitted by the International Bureau).
  - b. [X] has been transmitted by the International Bureau.
  - c. [ ] is not required, as the application was filed in the United States Receiving Office (RO/US)
- 6. [X] A translation of the International Application into English (35 U.S.C. 371(c)(2)).
- 7. [X] Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
  - a. [ ] are transmitted herewith (required only if not transmitted by the International Bureau).
  - b. [ ] have been transmitted by the International Bureau.
  - c. [ ] have not been made; however, the time limit for making such amendments has NOT expired.
  - d. [X] have not been made and will not be made.
- 3. A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
- 9. [X] A signed oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).
- A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

#### Items 11. to 16. below concern document(s) or information included:

- 11. [X] An Information Disclosure Statement under 37 CFR 1.97 and 1.98, Form 1449, 4 references.
- 12. [ ] An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
- 13. [X] A FIRST preliminary amendment.
  - ] A SECOND of SUBSEQUENT preliminary amendment.
- 14. [ ] A substitute specification.
- 15. [ ] A change of power of attorney and/or address letter.
- 16. [X] Other items or information: Application Data Sheet, Communication Regarding Requested Figure, International Publication Page, Form PCT/ISA/210, Form PCT/ISA/237, Form PCT/IB/304, Form PCT/IB/308

					<b>∠A</b> ®20000	CONTROLLERS NOVET NI DEED	rany <b>2006</b>		
U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) INTERNATIONAL APPLICATION					N NO SUNIC	ATTORNEY'S DOCKET NUMBER	, 1 (1		
Unknown 6 / 578 988				PCT/JP2004/018019		10873.1765USWO			
BASIC NATION [X] a) Basic Natio			\$300.00						
[X] b) Examination	n fee			\$200.00	\$200.00				
[X] c) Search fee					\$500.00	\$500.00			
			\$1000.00						
sequence listin	ng or c	ecification and computer progra onal 50 sheets o							
Total Sheets	E	xtra Sheets	Number of each additional 50 or fraction thereof (round up to a whole number		Rate				
64 -100 =	0	/50 =			X \$250.00	\$0.00			
Surcharge of \$130 months from the e			\$						
CLAIMS NUMBER		FILED NUMBER EXTRA		RATE					
Total claims 31		31	-20 =	11	X \$50.00	\$550.00			
Independent claim	claims 3		-3 = 0		X \$200.00	\$0.00	•		
MULTIPLE DEPENDENT CLAIM(S) (if applicable)					+ \$360.00	\$			
			\$1550.00						
Reduction by 1/2 pursuant to 37 CF			\$						
١			\$1550.00						
Processing fee of months from the e			\$						
			\$1550.00						
Fee for recording accompanied by a		_	\$						
			\$1550.00						
						Amount to be: refunded	\$		
						charged	\$		

a. [X] Check(s) in the amount of \$1550 to cover the above fees is enclosed.

b. [ ] Please charge the amount of \$ to cover the required filing fee for a large entity to the credit card listed on the enclosed credit card authorization form.

c. [X] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-3478.

NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:

Douglas P. Mueller

Hamre, Schumann, Mueller & Larson, P.C.

P.O. Box 2902-0902

Minneapolis, MN 55402

SIGNATURE:

NAME: Douglas P. Myeller

REGISTRATION NUMBER: 30,300

S/N

Unknown

**PATENT** 

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

FUJIWARA, et al.

Examiner:

Unknown

Serial No.:

Unknown

Group Art Unit:

Unknown

Filed:

Herewith

Docket:

10873.1765USWO

Title:

METHOD FOR MEASURING HEMATOCRIT (Hct),

SENSOR USED IN THE METHOD

**CERTIFICATE UNDER 37 CFR 1.10** 

Express Mail mailing label number: EV 858802055 US

Date of Deposit: May 11, 2006

I hereby certify that the papers listed below are being deposited with the United States Postal Service Express Mail Post Office to Addressee service under 37 CFR 1.10 in an envelope addressed to: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name: Abbie Larkin

#### COMMUNICATION REGARDING REQUESTED FIGURE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In connection with the above-identified application, applicant respectfully requests that Figure 1 be printed on the front page of the published application.

If a telephone conference would be helpful in resolving any issues concerning this communication, please contact Applicants' primary attorney-of record Douglas P. Mueller (Reg. No. 30,300), at (612) 455.3804.

Respectfully submitted,

HAMRE, SCHUMANN, MUELLER &

LARSON, P.C. P.O. Box 2902-0902

Minneapolis, MN 55402-0902 (612) 455 \$800

By:

Dated: May 11, 2006

uglas P. Mueller

Reg. No. 30,300

DPM/pjk

53148 PATENT TRADEMARK OFFICE

## UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

FUJIWARA, et al.

Attorney Docket:

10873.1765USWO

Title:

METHOD OF MEASURING HEMATOCRIT (Hct), SENSOR USED

IN THE METHOD, AND MEASURING DEVICE

**CERTIFICATE UNDER 37 CFR 1.10** 

Express Mail mailing label number: EV 858802055 US

Date of Deposit: May 11, 2006

I hereby certify that the papers listed below are being deposited with the United States Postal Service Express Mail Post Office to Addressee service under 37 CFR 1.10 in an envelope addressed to: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450,

Alexandria, VA 22313, 1450.

Name: Abbie Larkin

Mail Stop PCT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 53148

PATENT TRADEMARK OFFICE

Sir:

The following papers are transmitted herewith:

 $\boxtimes$ Transmittal sheet, in duplicate, containing Certificate Under 37 CFR 1.10;

National Stage Patent Application including: Description - 27 pages; Claims - 4 pages; Abstract -

1 page; Drawings - 32 sheets (formal);

Signed Combined Declaration and Power of Attorney;

Application Data Sheet - 4 pages;

Information Disclosure Statement, Form 1449, 4 references

Check(s) for the amount of \$1550 to cover the filing fee calculated below;

Other: Form PTO-1390, Communication Regarding Requested Figure, Preliminary Amendment, International Publication Page, Form PCT/ISA/210, Form PCT/ISA/237, Form PCT/IB/304, Form PCT/IB/308

 $\boxtimes$ Return postcard

#### **CLAIMS AS FILED**

Number of Claims Filed	No.	In Excess of	Ex	tra	Rate		Fee
Total Claims	31	20		1	50.00	=	550.00
Independent Claims	3	3		0	200.00	=	0.00
Multiple Dependent Claims Fee						=	0.00
Basic Filing Fee	=	300.00					
Search Fee	}					=	500.00
Examination Fee						=	200.00
Utility Application Size Fee	64	100		0	250.00	=	0.00
Total						=	1550.00

Please charge any additional fees or credit overpayment to Deposit Account No. 50-3478. A duplicate of this sheet is enclosed.

Hamre, Schumann, Mueller & Larson, P.C. P.O. Box 2902-0902 Minneapolis, MN 55402 612.455-3800

Ву: ◊ dughs P. Mueller Name: D

Reg. No (: )30,300 Initials: DPM/pjk